

BEFORE YOU PAY

The GLP-1 Provider Comparison Kit

Compare the actual payment, the product
and the support before you sign up.

YOUR 15-MINUTE STARTING POINT

A clearer decision starts with better questions

Compare the actual payment, the product and the support before you sign up.

Step	What to do
1. Shortlist	Choose up to three options, including your existing clinician or an insurance-covered route if available.
2. Verify	Write down the exact product, the cash due and the people responsible for care. Mark missing answers as unknown.
3. Compare	Take the same questions to each provider. A low advertised price does not tell the whole story.

Inside: product decoder, true-cost worksheet, 12 questions, verification checklist, three-option comparison and consultation notes.

This kit helps you organize a decision. A licensed clinician makes treatment decisions.

KNOW WHAT THE OFFER INCLUDES

Write down the product before comparing the price

Category	What to ask
Brand-name medication	What is the exact brand, formulation and intended use? Ask for your personal quote.
Compounded preparation	What is being prepared, why is it a good fit for me, and which pharmacy will dispense it?
Membership or care fee	Does this price include medication, or only access to a provider? What is billed separately?

Same ingredient name is not the whole story

Formulation, route and concentration matter. Ask each provider exactly what you are getting so you can compare like with like.

Write it down

Exact product / formulation: _____

Medication included in quoted price? _____

Dispensing pharmacy: _____

THE TRUE-COST WORKSHEET

Print one copy for each offer. Unknown is not zero.

Provider / plan: _____ Quote date: _____

Charge or term	Your quote
Initial payment and date	
What that payment covers (days / weeks / months)	
Next renewal payment and date	
Medication / dose-related changes	
Visit / membership / follow-up fees	
Labs / supplies / shipping / tax	
Cancellation deadline / refund rule	

Two totals, two different questions

Cash due in the first 90 days: add every charge actually scheduled in that window, plus mandatory extras. \$ _____

Cost allocated to the first 90 days: for a prepaid term, allocate only the portion covering those days. \$ _____

Example only: \$600 prepaid for 12 weeks = \$50/week, about \$7.14/day. Twelve weeks is 84 days, not three calendar months. Add the next scheduled bill if it falls within your 90-day window.

12 QUESTIONS BEFORE SIGNING UP

Use the same questions with every option

- 01.** What exact medication and formulation does this quote cover?
- 02.** Is the medication brand-name or compounded, and why is it a good fit for my needs?
- 03.** Who is my treating clinician, and are they licensed where I am located?
- 04.** Which pharmacy will dispense it, and how can I check its license?
- 05.** Is this service and this treatment available in my state?
- 06.** What assessment is required, and what happens financially if I am not eligible?
- 07.** What is charged now, when does it renew, and what term does each charge cover?
- 08.** Can the cost change with the dose, product, or end of a promotion?
- 09.** Are labs, shipping, supplies, visits and ongoing support included?
- 10.** Who answers medication questions, how do I contact them, and what is the expected response time?
- 11.** How do I cancel, what is the cutoff, and what payments are refundable?
- 12.** What follow-up is included, and what are my options if I want to adjust or stop?

VERIFY BEFORE YOU COMMIT

A provider statement is a starting point

Check	How
Clinician	Get the full name and state license number. Check the state medical or nursing board for active status.
Pharmacy	Get the dispensing pharmacy's name, address and license. Check with your state board of pharmacy.
Terms	Save your dated quote and renewal/cancellation terms. Ask for written clarification if the landing page and checkout disagree.
Care	Confirm screening is included and clinical support continues after dispensing. Ask who to contact with questions.

Good signs: a named, licensed clinician, a named licensed pharmacy, clear pricing at every dose, and ongoing support after you start.

YOUR THREE-OPTION COMPARISON

Use facts and open questions

Compare	Option A	Option B	Option C
Provider / quote date			
Exact product			
Brand-name / compounded			
Cash due now			
Next charge / term			
90-day cash total			
Support / follow-up			
Cancellation cutoff			
Pharmacy / license			
State availability			
Unanswered questions			

Rule: if a critical answer is missing, ask before paying.

PREPARE FOR THE CONSULTATION

Keep these notes private

My goals

What do I want help with, and what would progress mean to me?

My current care

Bring a complete medication/supplement list, allergies, medical history and relevant records.

My practical limits

What payment can I sustain? What follow-up schedule works for me?

Questions still unanswered

Ask about fit, alternatives and the plan for ongoing care.

NEXT STEP

Make your next step clear

You do not have to decide today.

Ready to compare? [Open Flow BioLabs provider resources](#). Confirm the current quote, product and terms directly with the provider before paying.

Check these routes too

Ask your insurer about coverage and your existing clinician about available options. Manufacturer savings vary; a public offer is not a personal quote.

About this guide

Flow BioLabs creates plain-language health education for adults considering care in the United States.

Affiliate disclosure: Flow BioLabs may earn a commission from links on its provider comparison page. You can use this worksheet with any provider.

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